Early Medical Assessment



Domestic Hardware and Homeware Retailing

**Sales Assistant**

Domestic Hardware and Homeware Retailing

Sales Assistant

Dear Doctor: This form will take up to 5 minutes to complete. Please review each task the worker undertakes (both picture and written description) and tick whether or not the worker can complete this task. If modification required, please leave comments. Space at the end of this document is available for final comments and recommendations.

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| --- | --- | --- |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Malvern\IMG_0712.JPG | **Customer Service**   * Answering telephone queries and taking customer orders * Looking up products for customers | Doctor Approval  Yes  No  Comments: |
| C:\Users\serenaf\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IMG_0495.jpg | **Processing Sales**   * Constant standing to use computer system and scanner * Placing customers items on counter for processing involving leaning, lifting and twisting * Scanning items and processing payments. Gripping and forward reaching required. | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Malvern\IMG_0497.JPG | **Administrative Duties**   * Ordering stock and maintaining stock via computer * Receiving stock * Undertaking stocktake on a regular basis * General reporting on a regular basis for Manager | Doctor Approval  Yes  No  Comments: |
| L:\RTW Fund Project\Stage Two SAWIC Codes 485301 & 488301\Domestic Hardware and Homeware Retailing\Mitre 10 Malvern\IMG_0465.JPG | **General Duties**   * Dusting regularly (involves reaching and twisting) * Sweeping main areas * Replenishing stock on shelves | Doctor Approval  Yes  No  Comments: |

1. Work Capacity Form

**Doctor Review (include final comments)**

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I confirm that in my view, subject to the above comments, the worker is able to perform certain duties detailed in this Early Medical Assessment.

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| --- | --- | --- |
| These duties should be reassessed on: |  | Date: |

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employers Declaration:**

I confirm that I/we have reviewed the Doctor’s recommendations and comments. I/we will make suitable changes to make allowances for the Doctor’s recommendations.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employees Declaration**

My Doctor has discussed their recommendations with me. I have been given the opportunity to participate in this process.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

For information on completing this form, please contact Business SA on 08 8300 0000.

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